PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "PBB ADDRESS" for

maintenance fee notificati			(-, -		, and or (o) managing a o	oparato TEE NEETCEST TO	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block I for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
		5/2008					
WORKMAN N	YDEGGER		1	Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being denouted with the United			
60 EAST SOUT	1 TEMPLE		Si	States Postal Service with sufficient postage for first class mail in an envolope			
1000 EAGLE GATE TOWER				I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envolope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.			
SALT LAKE CIT			(Depositor's nume)				
						(Signature)	
				100		(Date)	
APPLICATION NO.	PLICATION NO. FILING DATE		FIRS'T NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/695,344	10/28/2003		Rudolf J. Hofmeister		15436.253.65.1	5607	
TITLE OF INVENTION:	ELECTRONIC ASSEN	ABLY TESTER AND M	ETHOD FOR OPTOBLE	CTRONIC DEVICE		*	
APPLN. TYPE	SMALL ENTITY	ISSUE FRE DUE	PUBLICATION FEB DUE	PREV. PAID ISSU	B FEE TOTAL FEE(S) DU	JE DATE DUB	
nonprovisional	NO	\$1440	\$300	\$0	, \$1740	04/25/2008	
EXAMIN	•	ART UNIT	CLASS-SUBCLASS	<u>J</u>			
HOLLINGTON,		2829	324-158100				
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is				
Number is required.			hsted, no name will be printed.				
3. ASSIGNEE NAME ANI							
PLEASE NOTE: Unles recordation as set forth i	s an assignee is identi. n 37 CFR 3 11 Comp	fied below, no assignee letion of this form is NO	data will appear on the p	patent. If an assigne	ee is identified below, the	document has been filed for	
(A) NAME OF ASSIGNEE			e data will appear on the patent. If an assignce is identified below, the document has been filed for DT a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY)				
Finisar Corporation			Sunnyvale, CA				
Please check the appropriat	e assignee category or	categories (will not be pr	inted on the patent) :	Individual 🛭 Co	rporation or other private g	roup critity Government	
4a. The following fee(s) are submitted:			b. Paymont of Pec(s): (Please first reapply any previously paid issue fee shown above)				
S Issue Fee			A check is enclosed.				
Publication Fee (No small entity discount permitted)			All Payment by credit card.				
Advance Order - # of Copies			The Director is hereby authorized to charge the required fec(s), any deficiency, or credit any overpayment, to Deposit Account Number 23-3178 (enclose an extra copy of this form).				
5. Change in Entity Status a. Applicant claims S		•	b. Applicant is no lon	ger claiming SMAI.	L ENTITY status. See 37 (TFR 1 27(a)(2)	
	ublication Fee (if requi	red) will not be accented	from anyone other than			the assignee or other party in	
, , , , , , , , , , , , , , , , , , , ,	<i></i>		Oma.				
Authorized Signature Eullium			Date April 72008				
Typed or printed name <u>Eric L. Maschoff</u>					· <u>_36,596</u>		
This collection of information application. Confidential ubmitting the comploted aphis form and/or suggestions 30x 1450, Alexandria, Virginlexandria, Virginlex						nd by the USPTO to process) ng gathering, preparing, and ime you require to complete partment of Commorce, P.O. for Patents, P.O. Box 1450, I number.	